

Personal Protective Equipment:

Best Practices and Procurement Strategies

Chandana Das, MD, Lead Physician
Shobita Rajagopalan, MD, MPH, Senior Physician
Acute Communicable Disease Control Program
Los Angeles County Department of Public Health

Emily Thomas, MD, Deputy Medical Director Housing for Health
Los Angeles County Department of Health Services

Claire Matsushita, Assistant Program Administrator
Community Care Licensing Division

Katherine M. Butler, MPH, DABT
Program Manager, Toxicology and Environmental Assessment
Los Angeles County Department of Public Health

Disclosures

There is no commercial support for today's webinar

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting

This webinar is meant for healthcare facilities and is off the record and reporters should log off now.

DISCLAIMER

- This is a rapidly evolving situation so the information being presented is current as of today (10/13/2020), so we highly recommend that if you have questions after today, you utilize the resources that we will review at the end of this presentation.

Today's Agenda

- Basics: Cal/OSHA Aerosol Transmissible Disease Standard
- Appropriate PPE use for staff at Community Care Facilities
- PPE donning and doffing practices
- PPE conservation practices
- PPE storage, tracking, and procurement strategies for Community Care Facilities
- County and State resources to procure PPE



Basics: Cal/OSHA Aerosol Transmissible Diseases Standard



Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages

Note: This Interim Guidance is Subject to Change as the Situation Evolves

August 06, 2020

Summary

This guidance is for healthcare and other employers covered by Cal/OSHA's Aerosol Transmissible Diseases (ATD) Standard (**title 8 section 5199**). It discusses respirator requirements for covered employers who care for suspected or confirmed COVID-19 patients when there are severe respirator shortages. This guidance replaces previous guidance of June 12, 2020, regarding respirator use during severe respirator supply shortages. While supply chains for obtaining respirators are not fully restored, the supply of respirators for hospitals and other employers involved in patient care has improved to a point that prioritization of respirators for high hazard procedures and some other optimization strategies are not currently necessary. This guidance also contains new optimization strategies to reduce the use and destruction of respirators during the fit testing process. This guidance is subject to change as circumstances evolve.

<https://www.dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf>

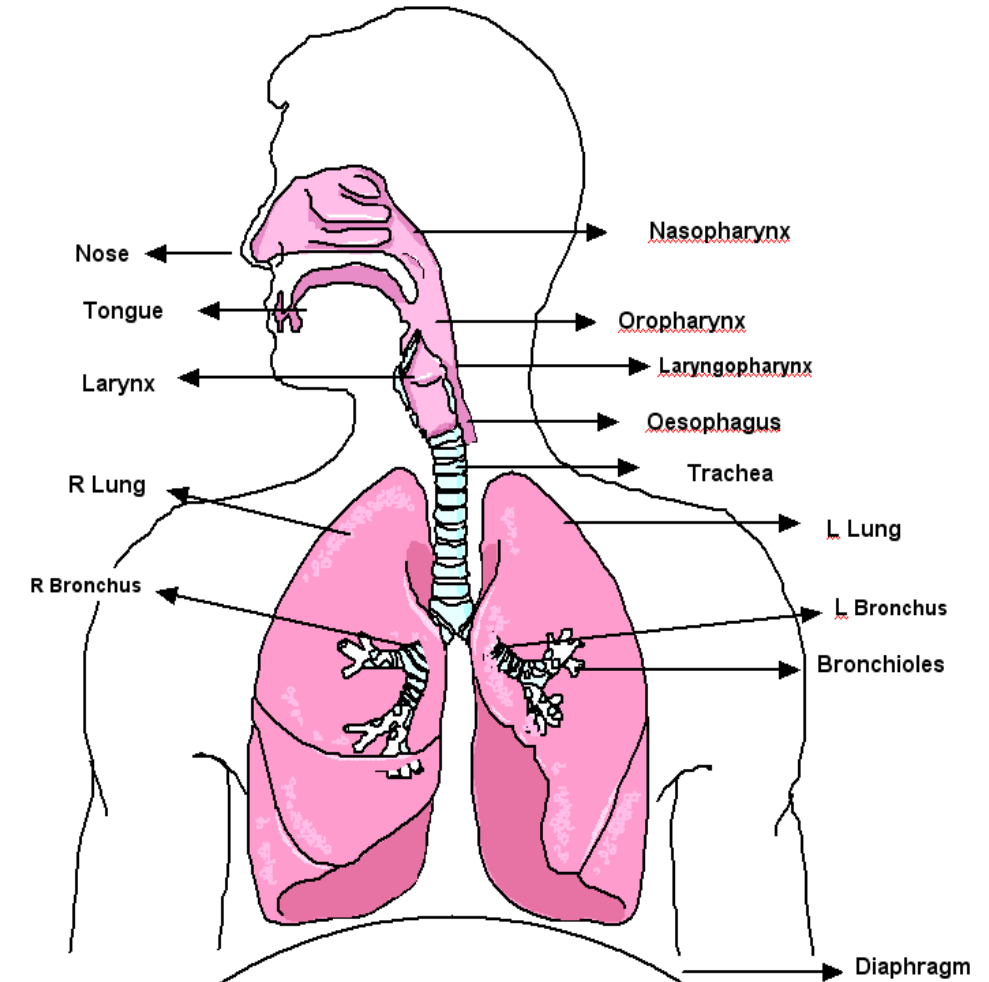
Cal/OSHA Aerosol Transmissible Disease Standard

- The Cal/OSHA Aerosol Transmissible Diseases (ATD) standard was adopted in 2009
 - To protect employees who are at increased risk of contracting certain airborne infections due to their work activities.
 - The standard is codified in title 8 of the California Code of Regulations, [section 5199](#).
- This California workplace safety law requires certain employers with employees exposed to aerosol transmissible diseases (ATD) to have effective written safety plans, provide protective equipment as needed, and train employees on safety procedures.
- Scope and Application: Applies to high-risk settings--acute care hospitals, clinics, SNFs, CCFs, corrections, homeless shelters, laboratories and more
- <https://www.dir.ca.gov/title8/5199.html>

What Is An Aerosol Transmissible Disease ?



- A disease transmitted by aerosols (a gaseous suspension of fine solid or liquid particles)



Modes of Person to Person Transmission of Infectious Agents

There are three main modes of transmission of infectious agents:

- **Airborne**

- Small particles that are inhaled (smaller than $\sim 0.3 \mu\text{m}$)
- Examples: tuberculosis, measles, varicella

- **Droplet**

- Large droplets (greater than $\sim 0.3 \mu\text{m}$) that hit mucous membranes
- Examples: COVID-19, pertussis, meningococcal infections

- **Contact**

- Direct contact with infectious particles
- Examples: Methicillin resistant *Staphylococcus aureus*

Airborne Precautions

- All suspect or confirmed cases should be placed in Airborne Infection Isolation Room
- N95 respirator should be used for potentially infectious patients, and PAPRs should be used for high risk procedures such as surgeries, autopsies or bronchoscopies
- Careful attention to proper donning & doffing of respirators, including seal check and hand hygiene before & after
- Face mask for pt. during transport
- Alert others if need to transfer

Droplet Precautions

- No special air handling or facility ventilation required
- HCWs wear surgical or procedure mask if within 6 ft of patient
- Single room preferred
- Mask patient if transport necessary (if tolerated), follow respiratory hygiene/cough etiquette
- Eye protection (face shield/goggles) if splashing, spraying anticipated

Administrative, Engineering Controls and Personal Protective Equipment are required

Characteristics of an Airborne Isolation Room (AIIR)

- Negative pressure causes air to flow from the corridors into the AIIR room.
- Air from the room is exhausted directly to the outdoors or passed through a special high efficiency particulate air (HEPA) filter that removes most (99.97%) of the droplet nuclei before it is returned to the general circulation.
- If a HEPA filter is **not** used, the air should be exhausted directly to the outside away from air-intake vents, persons, and animals, in accordance with applicable federal, state, and local regulations on environmental discharges
- All rooms should have airflow of six or more air changes per hour (ACH). In new or renovated health-care settings, AIIR rooms should have airflow of at least 12 ACH.
- Using air-cleaning methods: room-air recirculation units containing HEPA filters or ultraviolet germicidal irradiation (UVGI) systems that increase the equivalent ACH.

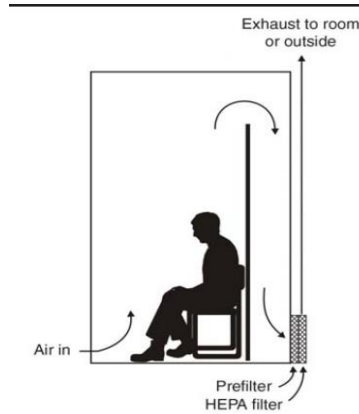


TABLE 1. Air changes per hour (ACH) and time required for removal efficiencies of 99% and 99.9% of airborne contaminants*

ACH	Minutes required for removal efficiency [†]	
	99%	99.9%
2	138	207
4	69	104
6	46	69
12	23	35
15	18	28
20	7	14
50	3	6
400	<1	1

Source: CDC

Face Masks vs. N95 Respirators



- FDA approved
 - Protects against large droplets, splashes
 - Loose-fitting, not
 - Does not filter out small aerosols
- Respirators: CDC/NIOSH approved under title 42 CFR, Part 84
 - Nonpowered air-purifying respirators, Powered air-purifying respirators (PAPRs) and Supplied-air respirators
 - Tight fitting respirator
 - Protects the wearer
 - Filters air that you breathe
 - Requires a Fit test and Seal check

Nonpowered Air-Purifying Respirators

Resistance to efficiency filter degradation	Filter Efficiencies		
	95 (95%)*	99 (99%)*	100 (99.97%)*
N (not resistant to oil)	N95	N99	N100
R (resistant to oil)	R95	R99	R100
P (oil proof)	P95	P99	P100

* The percentages in parentheses indicate the minimum allowable laboratory filter efficiency value when challenged with 0.3 μm particles



N-95 Respirator Fit Testing



FIT Testing

- To obtain adequate respiratory protection, a proper fit must exist between the respirator and the user
- Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual
- Fit testing provides an opportunity to check for problems with the respirator use
- Recognize the medical signs and the symptoms that may limit or prevent an employee's use of a respirator

Fit Testing Methods



Qualitative
Subjective



Quantitative
Objective

- CCR5144: Respiratory Protection Program provides guidance on what needs to be done prior to fit testing, during fit testing, Respiratory Protection training, and recordkeeping: <https://www.dir.ca.gov/title8/5144.html>
- Cal/OSHA Fact sheet on Respiratory Protection: https://www.dir.ca.gov/dosh/dosh_publications/respiratory-protection-fs.pdf

Resources for FIT Testing

- YouTube qualitative video tapes on manual fit testing as examples
 - <https://www.youtube.com/watch?v=xl4qX6qEYXU>
 - <https://www.youtube.com/watch?v=wulG-l2KiFo>
- YouTube quantitative video tape on PortaCount
 - <https://www.youtube.com/watch?v=SeqgFwB16FE>
 - <https://www.youtube.com/watch?v=FtRQCvBO5zU>
 - <https://www.youtube.com/watch?v=-zRD2GKUkBs&list=PLsII66ipjlt6pvzHxVnBHYPai10v7O60L&index=5>
 - <https://www.youtube.com/watch?v=sVXQyPkivN8&list=PLsII66ipjlt6pvzHxVnBHYPai10v7O60L&index=4>

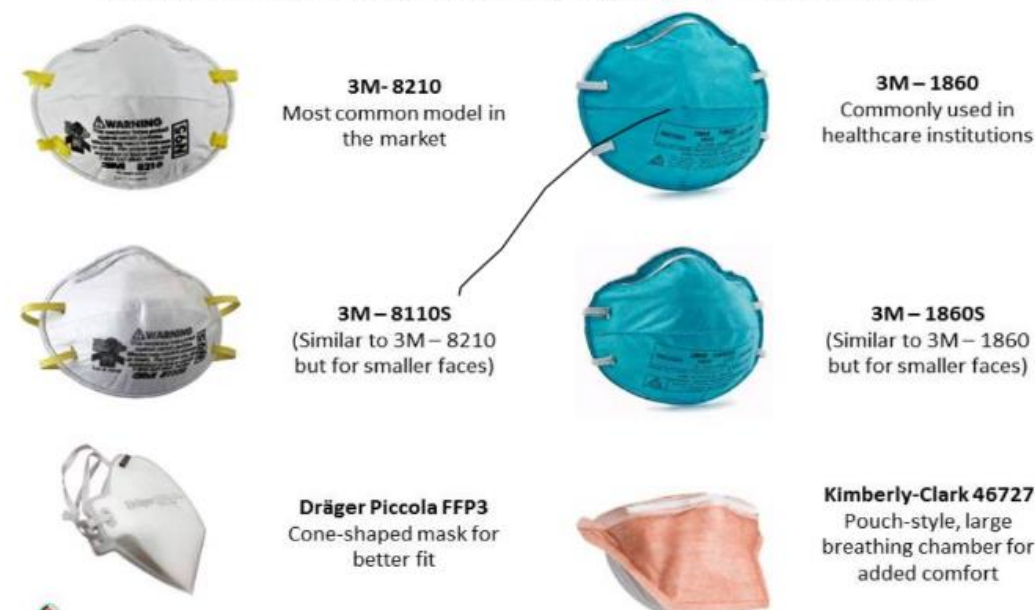
Saccharin Qualitative Fit Test kit found here:

<https://www.grainger.com/product/3M-Fit-Testing-Kit-1CD80>

Onsite fit testing services also available

Some models of different masks available

N95 masks provide good protection against the haze as they are at least 95% efficient against fine particles that are about 0.1 – 0.3 microns. It is even more efficient (99.5% efficient) against particles that are 0.75 microns and larger.



For guidance, please contact the Los Angeles County Department of Public Health at 213-240-7941 during daytime hours



N-95 Respirator Do's & Don'ts



Do

- ✓ Check to make sure the N95 respirator has no defects such as holes or torn straps.
- ✓ Wear for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- ✓ Follow manufacturer's instructions for donning and doffing of N95 respirator.
- ✓ Ensure proper fit—making sure nose and mouth are completely covered. The N95 respirator must have a complete seal all around. Complete face seal check after donning the respirator.
- ✓ Mold the respirator over the bridge of your nose when putting it on to help keep the N95 respirator on and fitting properly. It is also helpful to press all around the face seal to be sure it is tightly in place.
- ✓ Tilt head forward and remove the N95 respirator by pulling bottom strap over back of head, followed by the top strap without touching the front of mask. Keep straps tight during the removal process.
- ✓ Discard an N95 respirator by touching straps only. Perform hand hygiene before and after use of an N95 respirator or any type of personal protective equipment, such as your gloves and gown.
- ✓ Remove the N95 respirator when no longer in clinical space and the patient intervention is complete.



Don't

- ✗ DON'T wear if wet or soiled; get a new N95 respirator.
- ✗ DON'T reuse; toss it after wearing once.
- ✗ DON'T let patients or visitors wear N95 respirators unless they've been fit tested to wear them.
- ✗ DON'T wear an N95 respirator that hasn't been properly fit tested. Proper fit is essential.
- ✗ DON'T use the N95 respirator if air leaks around the respirator edges.
- ✗ DON'T touch the front of the N95 respirator as it is contaminated after use. DON'T snap the straps, as that may spread germs.
- ✗ DON'T share your N95 respirator with others; germs can spread that way.
- ✗ DON'T leave an N95 respirator hanging around your neck.

Double Masking



Masks with valves



Facial hair



Respirator On / Respirator Off

When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



Select other PPE items that do not interfere with the fit or performance of your respirator.



Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.



Do not touch the front of the respirator during or after use. It may be contaminated.

When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Facemask Do's and Don'ts For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask: touching ONLY the straps or ties, throw it away*, and clean your hands again.





*If implementing limited-rause: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



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[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<u>Personal Protective Equipment</u>	<u>COVID-19 Negative and COVID-19 Recovered</u>	<u>Quarantine</u>	<u>COVID-19 Positive (Isolation)</u>
Transmission-based Precautions	Standard + mask + eye protection	Contact/Droplet/N95 + eye protection	Contact/Droplet/N95 + eye protection
	Surgical masks or N95 respirators may be worn.	N95 respirators should be worn for duration of shift and doffed when contaminated. Do not re-use.	
			
	Goggles/face shields for care within 6 feet of resident.		Goggles/face shields worn for duration of shift.
	Gowns should be used when needed. No extended use or re-use.	Gowns should be worn. No extended use or re-use.	Shortage: gowns may be worn with multiple residents in this area only.

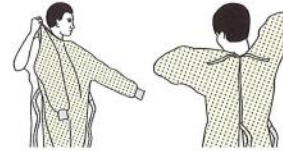
Sequence for Putting on (Donning) and Taking Off (Doffing) PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

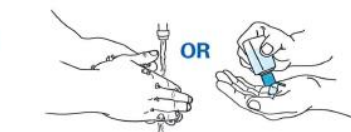


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



COVID-19 Best Practices for Infection Prevention and Control in Community Care Facilities

This poster features some key points from "[Guidance for Congregate Residential Facilities](#)".
It is not a replacement for the guidance, the full set of recommendations specified in the guidance should be followed.

1. Reducing risk of infection



- Post signs on infection prevention measures (See DPH Provider Hub: [print materials](#)).
- Continually reinforce hand hygiene, physical distancing, and face coverings.
- Screen everyone entering the facility for COVID-19 symptoms (fever, cough, sneezing, etc.) and check temperatures per LAC DPH [guidance](#). Anyone with a fever or COVID-19 symptoms may not enter. Assess all residents at least once a day for symptoms if able, and check temperature every 12 hours in care giving facilities. Remind residents to report new symptoms to staff.
- Rearrange common areas to make physical distancing easier and cancel group activities/meals unless they can be held outdoors with physical distancing. Face coverings must be worn when not eating. Do not share cups, utensils, food, or drinks.
- Restrict visitation in the facility to essential staff only.
- All residents in the facility should be encouraged to wear a face covering unless [contraindicated](#). Staff and visitors must wear a face covering, surgical mask, or N95 respirator, as appropriate.

2. Testing for COVID-19



- Use the LAC DHS [Reference Guide](#) or the [California Testing Taskforce](#) to find a lab.
- Follow LAC DPH [testing](#) recommendations on testing staff and residents.

3. Isolation and quarantine



- Isolate COVID-19 positive residents in their rooms or isolation areas or in cohorts with other COVID-19 positive residents. Have dedicated staff to prevent spread of infection to other areas.
- Implement [targeted testing](#) for all close contacts of positive cases.
- Institute quarantine for 14 days for residents or staff who have been in close contact with a COVID-19 positive resident or staff per LAC DPH [guidance](#).

4. Personal protective equipment



- Post [signs](#) on the proper donning and doffing of PPE.
- Follow LAC DPH guidance on [PPE requirements](#) for different categories of residents.

5. Sanitation



- Clean with [EPA](#) approved disinfectants, using product instructions and LAC DPH [cleaning guidelines](#).
- Provide adequate and easily accessible handwashing stations with paper towels and tissues, as well as alcohol-based hand sanitizer dispensers.

6. Travel



- Restrict travel for all residents to medically essential trips. Alert transportation, driver, and destination of patient's COVID-19 status. Patient, driver, and any escorts must wear face coverings.

For specific information on each of these recommendations, please see the [Guidance for Congregate Care Facilities](#) on the [DPH Community Care Facilities webpage](#) by visiting the link below or by scanning the QR code to the right.





PPE Procurement and Tracking Usage



Store

Store PPE in a locked, secure room to establish and maintain a central PPE inventory



Assign

Assign a single person at your facility to keep track of PPE inventory



Create

Create a PPE log. Try CDC's PPE App: <https://www.cdc.gov/niosh/ppe/ppeapp.html>



Track

Track PPE distribution by giving staff "weekly" allotments of personal PPE or "sign-out" PPE
Audit PPE inventory each week





CDC PPE Tracker:

Calculator

Graphs

Instructions

Box A		xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	xx/xx/2020	
		How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.													
Number of Suspected and Confirmed COVID-19 Patients		20	20	28	26	35	36	40	40						
Type of PPE		How Many Full Boxes Are Remaining at Start of the Day? Enter Below.													
Gowns	Size 1	500	475	400	350										
	Size 2														
	Size 3														
Gloves	small														
	medium														
	large														
	extra large														
Respirators															
Surgical Masks															
Face Shields															
Other	1														
Other	2														
Other	3														
Other	4														
Other	5														
Box B		Total Number of Boxes Used per Day (Calculated)													
Type of PPE	Size/Brand		Day 1 - Day 2	Day 2 - Day 3	Day 3 - Day 4	Day 4 - Day 5	Day 5 - Day 6	Day 6 - Day 7	Day 7 - Day 8	Day 8 - Day 9	Day 9 - Day 10	Day 10 - Day 11	Day 11 - Day 12	Day 12 - Day 13	Day 13 - Day 14
Gowns	Size 1		25	75	50										
	Size 2														
	Size 3														
Gloves	small														
	medium														
	large														
	extra large														
Respirators															
Surgical Masks															
Face Shields															
Other	1														
Other	2														
Other	3														

PPE AUDITS

- Review PPE inventory at the end of each week
- Define a weekly PPE burn rate (or how much PPE did your facility used in last week)
- Consider ways to conserve PPE
 - Implement re-use protocols
 - Avoid unnecessary PPE use (preserve for outbreaks and/or PUIs)
 - Cohort staff for outbreaks and/or PUIs and implement extended use protocols
- Anticipate “surge” PPE needs if the facility were to experience a COVID outbreak
- Re-order PPE to ensure a 30 day supply on-site



PPE Independence





Establish your PPE "Burn Rate" or how much PPE your site uses every month



Build your PPE supply chain by identifying routine PPE suppliers



Maintain a 30 day supply of PPE on-site and re-order PPE in timely manner



Create a budget for ongoing PPE needs

Where to purchase PPE?

- Medical suppliers like McKesson, 3M, etc
- Amazon or other online vendors (ensure NIOSH certified N95s)
- Look for charitable donations in your community or online:
<https://getusppe.org/request/>



PPE Procurement through State and County Agencies



Requesting PPE from CCLD

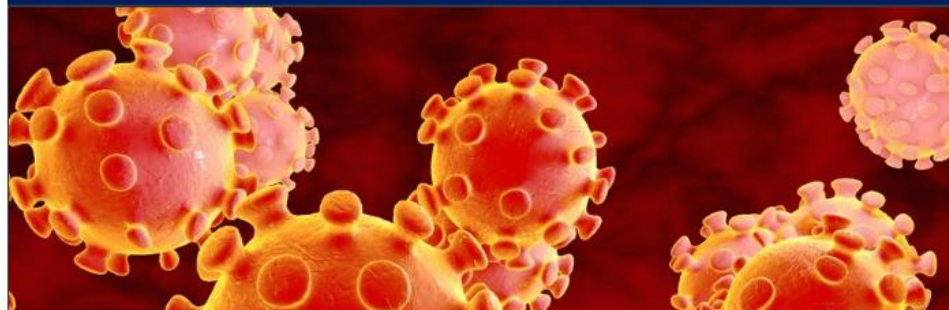
- Your Regional Office or Regional Center schedules periodic distribution dates to pick up PPE supplies when supplies become available.
- For urgent needs –
 - contact your Regional Office or Regional Center
- <https://www.cdss.ca.gov/Portals/9/CCLD/ASC.pdf>
- <https://www.dds.ca.gov/rc/listings/>

Requesting PPE from LACDPH

- LACDPH has been tasked with providing PPEs to a variety of providers, including community care facilities in Los Angeles County.
- LACDPH collaborates with CCLD and Regional Centers
- Recommendations:
 - Regularly check with commercial vendors for availability of supplies
 - Maintain a minimum of 30-day supply
 - Type, quality, and amount of PPE is dependent on what is available at the State Warehouse
 - Ensure CCLD has your current e-mail address and cell phone numbers
 - Monitor your e-mail regularly for notifications regarding PPE availability
- General E-mail inquiries about PPE supplies DPHPPECoordinator@ph.lacounty.gov
<http://publichealth.lacounty.gov/acd/ncorona2019/PPE.htm>

Resource Links

- LAC DPH coronavirus website: <http://publichealth.lacounty.gov/media/coronavirus/>.
- LAC DPH: coronavirus website-assuring PPE:
<http://publichealth.lacounty.gov/acd/ncorona2019/PPE.htm>
- LAC DPH CCF website:
<http://publichealth.lacounty.gov/acd/nCorona2019/healthfacilities/ccf>.
- LAC DPH SNF website:
<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities.htm#LTCFs>.
- CCLD coronavirus page: <https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/covid-19-information-and-resources>.

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Coronavirus Disease 2019

Community Care Facilities

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Healthcare Provider Information Hub

[LAHAN Alerts](#)[COVID-19 Press Releases](#)[DPH COVID-19 Public Page](#)[DPH COVID-19 Provider Hub:](#)[FAQs for Providers](#)[Isolation/Quarantine](#)[Testing](#)[Reporting](#)

This webpage is specifically intended for the medical community.
Click [here](#) to visit DPH's COVID-19 webpage for the general public.



On This Page

- [Health Officer Order: Prevention of COVID-19 Transmission in Community Care Facilities \(10-5-20\)](#)
- [INFECTION CONTROL](#)
 - [Guidance for Congregate Residential Facilities](#)
 - [Poster highlighting best practices for COVID-19 infection prevention and control in CCFs](#)
- [TESTING TOOLKIT](#)

Webinar: Developments in COVID-19 Testing for Community Care Facilities (9-29-20) [Slides](#) | [Recording](#)



Questions and Answers